

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047836

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 122

FILED DEC 31 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
1 12/15/63		
2 0450		
3		
4 0		
5 0		
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7 0		
8 2		
9 93x		
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11		
12 2-0		
13 1-0		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette, Mo.</b>		c. CITY OR TOWN <b>Franklin</b>	
Length of stay in 1b <b>3 hrs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Keller M. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Boonslick Twp.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JEFFREY</b> Middle <b>CHARLES</b> Last <b>HULL</b>		4. DATE OF DEATH Month <b>DEC.</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/3/1962</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-----</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	
11. BIRTHPLACE (City and state or country) <b>Howard County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joe Hull</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Joyce Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		17. INFORMANT Address <b>Joe Hull, Franklin, Mo.</b>	
16. SOCIAL SECURITY NO. <b>-----</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>-----</b> DUE TO (c) <b>-----</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>-----</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>natural</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-----</b>	
20c. TIME OF INJURY Hour <b>9:00</b> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year <b>Dec 20, 1963</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Fayette, Mo. Howard County, Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>	
21. I attended the deceased from <b>9:00 AM Dec 20, 1963</b> to <b>11:30 AM Dec 20, 1963</b> and last saw her/him alive on <b>Dec 20, 1963</b>		Death occurred at <b>11:30, A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Signature or title) <b>Dr. J. Sharr, Jr. M.D.</b>		22b. ADDRESS <b>Fayette, Mo.</b>	
22c. DATE SIGNED <b>12-21-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/22/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Howard County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ralph A. Carr Fayette, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-63</b>	
26. REGISTRAR'S SIGNATURE <b>Katherine Welch</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~and by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William E. Truhse

Licensed Embalmer No. 4870

P. O. Address Hayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 12-21-65